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CONFIRMATION NO. 6321

SERIAL NUMBER 10/619,273	FILING DATE 07/14/2003 RULE	CLASS 210	GROUP ART UNIT 1723	ATTORNEY DOCKET NO. 07006.00011																								
APPLICANTS Patrick Gillen, Baton Rouge, LA; Roberto Sandoval, Baton Rouge, LA;																												
** CONTINUING DATA ***** <div style="text-align: center; font-size: 1.2em;">None TK</div>																												
** FOREIGN APPLICATIONS ***** <div style="text-align: center; font-size: 1.2em;">None TK</div>																												
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/09/2003																												
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Foreign Priority claimed</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Met after Allowance</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>35 USC 119 (a-d) conditions met</td> <td style="text-align: center;"><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td style="text-align: center;"><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td style="text-align: center;"><input type="checkbox"/> Met after Allowance</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Verified and Acknowledged</td> <td colspan="2">Examiner's Signature _____</td> <td>Initials _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance					35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance					Verified and Acknowledged	Examiner's Signature _____		Initials _____				
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ADDRESS Steven Thrasher 391 Sandhill Dr. Richardson , TX 75080																												
TITLE Static pool skimmer																												
FILING FEE RECEIVED 375	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; vertical-align: top;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width: 40%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees </td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____ </td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees		<input type="checkbox"/> 1.16 Fees (Filing)		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		<input type="checkbox"/> 1.18 Fees (Issue)		<input type="checkbox"/> Other _____		<input type="checkbox"/> Credit												
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